

DELAWARE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

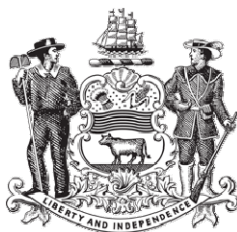
DIRECTIONS FOR ACTING ADMINISTRATOR NOTIFICATION/APPLICATION

1. Please attach a resume showing all administrative experience of the designated Acting Administrator to this notification/application.
2. Submit a letter of good standing from each state in which the designated Acting Administrator is/has been licensed as either a nursing home administrator or a RN. This letter must be submitted directly to the Delaware Board of Examiners of Nursing Home Administrator's office by each state's licensing office.
3. Please see Fee Schedule on at www.dpr.delaware.gov to determine the required processing fee to submit with the notification/application.
4. The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 8 – 10 weeks to receive your license.

If the Board approves the application, an Acting Administrator license is issued retroactive to the date of receipt of the application by the Board office.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DELAWARE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

ACTING ADMINISTRATOR NOTIFICATION/APPLICATION

Facility Information:

1. Name of Facility: _____
2. Address: _____
(Street)

(City) (State) (Zip Code)
3. Phone Number: _____
4. Has the Facility acted under the operation of an Acting Administrator permit within the past twelve (12) months? Yes ____ No ____

Outgoing NHA Information:

5. Name: _____
6. Last date of employment of outgoing NHA: _____
7. Reason for departure of outgoing NHA : _____

Designated Acting Administrator Information:

8. Name of designated Acting Administrator: _____
9. Are you at least 18 years of age as required by 24 *Del .C.* §5205? Yes ____ No ____
10. Social Security Number: _____
11. Address: _____
(Street)

(City) (State) (Zip Code)

12. E-mail Address of Acting Administrator: _____
13. Is the Acting Administrator applying for permanent licensure in Delaware?
Yes _____ No _____
14. Educational Background of the proposed Acting Administrator:
Name of College/University Dates Attended Degree Received

15. Has designated Acting Administrator completed an AIT program? Yes _____ No _____
If yes, please indicate where he/she attended the program and the length of the program.

16. Has the designated Acting Administrator completed a 100-hour or 120-hour NHA course? Yes _____ No _____
Please indicate the name of the course and the course provider:

17. List all states where designated Acting Administrator has been granted an NHA license:
A letter of good standing must be submitted by each state in which the designated Acting Administrator is/has been licensed. This letter must be submitted directly to the Board office.
- | Name of State | Date License Granted | Expiration Date |
|---------------|----------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
18. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction?
Yes_____ No_____ **If yes, submit a certified copy of your criminal history record.**
19. Are you now or have you within the past two (2) years been dependent upon the use of alcohol, stimulants or other habit-forming drugs or treated or disciplined for their use?
Yes _____ No _____ **If yes, explain circumstances and outcome on a separate page.**
20. Have you ever had a nursing home administrator's license denied, revoked, suspended or been under probation? Yes _____ No _____ **If yes, explain circumstances and outcome on a separate page.**

21. Have you ever had a disciplinary action taken against you by a State Board of Nursing Home Administrators? Yes _____ No _____ **If yes, explain circumstances on a separate page.**
22. Are any charges pending or are you under investigation regarding unprofessional conduct? Yes _____ No _____
23. Do you currently hold, or have you ever held, a RN license in any state? Yes ____ No ____
If yes, please list each state of licensure. _____
Please have each state submit a verification of licensure directly to the Board Office.

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Facility's Affidavit:

I, _____, on behalf of _____
(Name) (Name of Facility)

do hereby initiate a request before the Board of Examiners of Nursing Home

Administrators for _____ to be granted the authority
(Name of designated Acting Administrator)

to serve at the facility named above in the capacity of Acting Administrator.

Signature of person initiating request

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires: _____
Acting Administrator Notification/Application

Designated Acting Administrator's Affidavit:

I, _____, do hereby attest that the information provided
(Name of designated Acting Administrator)

on this application for Acting Administrator at _____
(Name of Facility)

is true and correct to the best of my knowledge.

Signature of designated Acting Administrator

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires: _____